

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000106597

FILED
Apr 21, 2011
Secretary of State

Entity Name: THE CENTER FOR EATING DISORDERS, INC.

Current Principal Place of Business:

5850 W. ATLANTIC AVE., SUITE 101
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

5850 W. ATLANTIC AVE., SUITE 101
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 65-1044898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELALLA, ELLEN M
1170 HILLSBORO MILE, SUITE 101
HILLSBORO BEACH, FL 33062 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: DELALLA, ELLEN M
Address: 1170 HILLSBORO MILE, SUITE 101
City-St-Zip: HILLSBORO BEACH, FL 33062

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELLEN M. DELALLA

PRES

04/21/2011

Electronic Signature of Signing Officer or Director

Date